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Customer N	umber			
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Directly S	upplied			
Name*	MEDTRONIC VAS	SCULAR INC		
Street *	3576 UNOCAL PU	ACE		
City*	SANTA ROSA, CA	X 95403		
State/Pro	vince [Postal	Country * [US	
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		Last Modification	n RSANTOS2	06/26/2004
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